## Bloomington Urban Enterprise Association



Showers City Hall, Room 130 401 N. Morton P.O. Box 100 Bloomington, IN 47402 (812) 349-3805

## **Grant Application**

## **Requirements:**

- Completed application, signatures and dated
- □ Copy of Deed to property, if applicable
- □ Offer to Purchase, if applicable
- Exterior Elevation drawing or rendering
- □ Letter of appropriateness from HAND Historic Preservation Program Manager
- □ Site Plan
- □ Project specifications/work write up with estimates, if applicable
- □ Zoning compliance/approval letter, if applicable
- □ Pro Forma Operating Budget
- □ Project Timeline

## **Grant Program Application**

The information collected below will be used to determine whether the project qualifies for funding by the Bloomington Urban Enterprise Association. All information will be kept confidential.

Applicant Information:  Applicant (include the names of all partners):  Applicant Address (include Zip Code):  Address of the Property (include Zip Code):  Ownership:	
Applicant Address (include Zip Code):  Address of the Property (include Zip Code):	
Address of the Property (include Zip Code):	
Address of the Property (include Zip Code):	
Address of the Property (include Zip Code):	
Ownership:	
Ownership:	
Ownership:	
o Individual o Partnership o Corporation (Specify:)	)
o Non-Profit Organization o Association (Specify:)	
Federal ID No.:	
Van afina amandian	
Year of incorporation: Length of time at this location:	_
Contact Person: Tel: ( )	
Please give a brief description of your business/organization:	
Have you participated in any Zone tax incentives? o Yes o No	
If so, which ones?	
Project Description:	

Economic Impact:	Social Impact:
Total number of jobs at location:	Total number monthly participants:
Number of new jobs added from project:	Total number of monthly participants who live in
Average wages for all jobs:	the Zone:
Average wages for new jobs:	Will this funding help you offer:  o Educational opportunities
Are the new jobs: o FT (#) o PT (#)	<ul><li>o Job training</li><li>o Youth development</li><li>o Healthcare</li></ul>
Do these new jobs have benefits: o Yes o No	o Self-sufficiency programs
Please describe:	Please attach information on your evaluation/outcome measurement tool and colleted data.
Physical Impact:	
Cost of acquisition:	Please estimate how BUEA funds will be spent:
Is this property historically eligible?	Acquisition: \$
Have you hired a contractor:	Renovate interior: \$
If so, who?	Renovate exterior: \$(non-façade)
Address:	Renovate façade: \$
Will the contractor or subcontractors be Zone businesses?	Site improvements: \$
If so, list:	Other (describe): \$
Will this project be for property acquisition or reh	abilitation? Rehabilitation
Please list all existing or pending loans, grants or other funding on	
1	\$
Type: o Loan o Grant o Other (	
2  Type: o Loan o Grant o Other (	
3	
Type: o Loan o Grant o Other (	
4	
Type: o Loan o Grant o Other (	) Status:
	Total \$

Total Estimated Cost of Project:	Do you have clear title to the property?
	o Yes o No
Do you intend to apply for:	Answer for all partners:
Local Tax Abatement: o Yes o No Tax Credits: o Yes o No Other Assistance: o Yes o No Specify:  Have you discussed this project with the City Planning Department	<ol> <li>Have you ever defaulted on a job/loan?         o Yes o No</li> <li>Have you been adjudged bankrupt?         o Yes o No</li> <li>Have you ever been debarred from the State or Federal contractor construction listing?         o Yes o No</li> <li>If yes, please attach copy of approval letter. If no, please specify</li> </ol>
date of meeting.	
o Yes o No (Meeting date:	)
Estimated construction start date:	Estimated construction completion date:
Currently underway	
I hereby certify that the information provided in this a for the purposes of obtaining financial assistance from (BUEA) and is true and complete to the best of my kn	the Bloomington Urban Enterprise Association
Applicant	Date
Applicant	Date